

January 3, 2013

Los Angeles County **Board of Supervisors**

> Gloria Molina First District

TO:

Each Supervisor

Mark Ridley-Thomas Second District

FROM:

Mitchell H. Katz, M.D. A Wahay War

Director

Zev Yaroslavsky Third District

Don Knabe

Fourth District

Fifth District

Director

SUBJECT:

STATUS REPORT ON KEY INDICATORS OF PROGRESS.

HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL

CENTER - PROGRESS REPORT #84

Mitchell H. Katz, M.D.

Michael D. Antonovich

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

Christina R. Ghaly, M.D. Deputy Director, Strategic Planning

313 N. Figueroa Street, Suite 912 Los Angeles, CA 90012

> Tel: (213)240-8101 Fax: (213) 481-0503

www.dhs.lacounty.gov

This is to provide your Board with the monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the month of November 2012.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of November was 534 out of 676 licensed beds, an estimated 77% utilization rate (79% occupancy). The census for Medical/Surgical units was an estimated 85% utilization rate (87% occupancy) for November 2012.

Emergency Department (ED) Indicators

Attachment #1 demonstrates decrease in key indicators such as Median ED Boarding, ED Wait Time and Left Without Being Seen (LWBS), Average Length of Stay (ALOS), and Dangerously Overcrowded. There was a decrease in the number of patients transferred out.

The Dangerously Overcrowded Level Comparison for this period was 0%, compared to 4% in October 2012. ED and hospital overcrowding decreased secondary to implementation of new operational policies and procedures, including those related to the implementation of the TAR-free process using InterQual, a evidence-based tool used to help determine whether acute care hospitalization is medically indicated. The implementation of InterQual has resulted in fewer patients being admitted and more rapid discharge of admitted patients with corresponding improvement in operational indicators (e.g., ED Boarding Time) and a decline in inpatient census.

If you have any questions or need additional information, please contact me or Christina R. Ghaly, Interim Chief Executive Officer, LAC+USC, at (323) 409-2800.

CRG:bh

Attachment

Chief Executive Office C: County Counsel Executive Office, Board of Supervisors

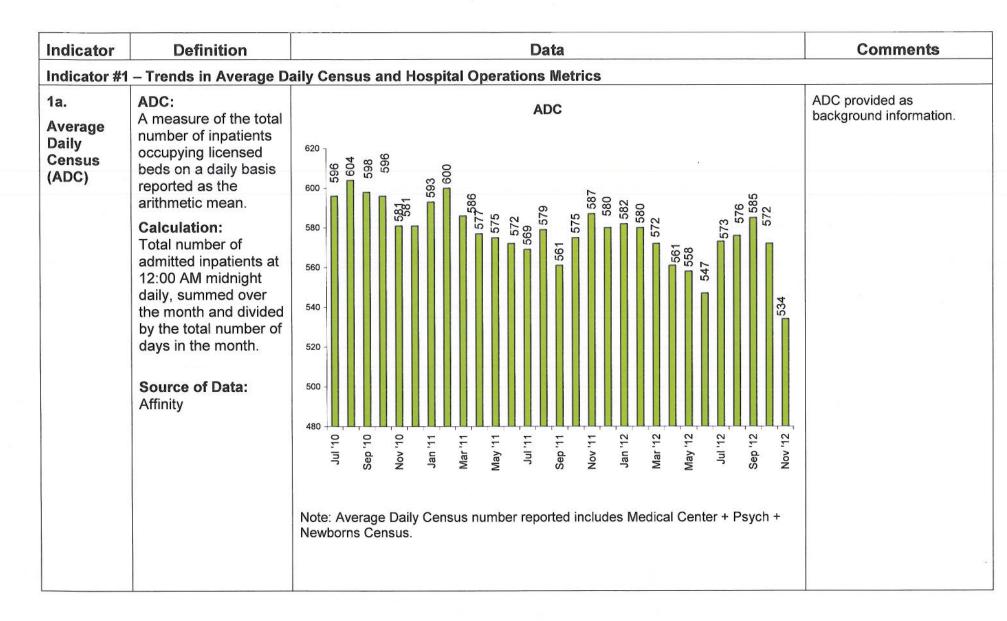
To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.



www.dhs.lacounty.gov

LAC+USC Medical Center

Operational Monitoring Report Reporting Period Nov 2012



LAC+USC Medical Center

Operational Monitoring Report Reporting Period Nov 2012

Indicator #1 - Trends in Average Daily Census and Hospital Operations Metrics

1b.

Occupancy Rate LAC+USC Medical Center

Definition:

A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period.

Calculation:

The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds.

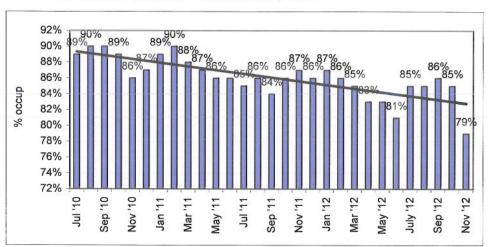
Source of Data:

Affinity

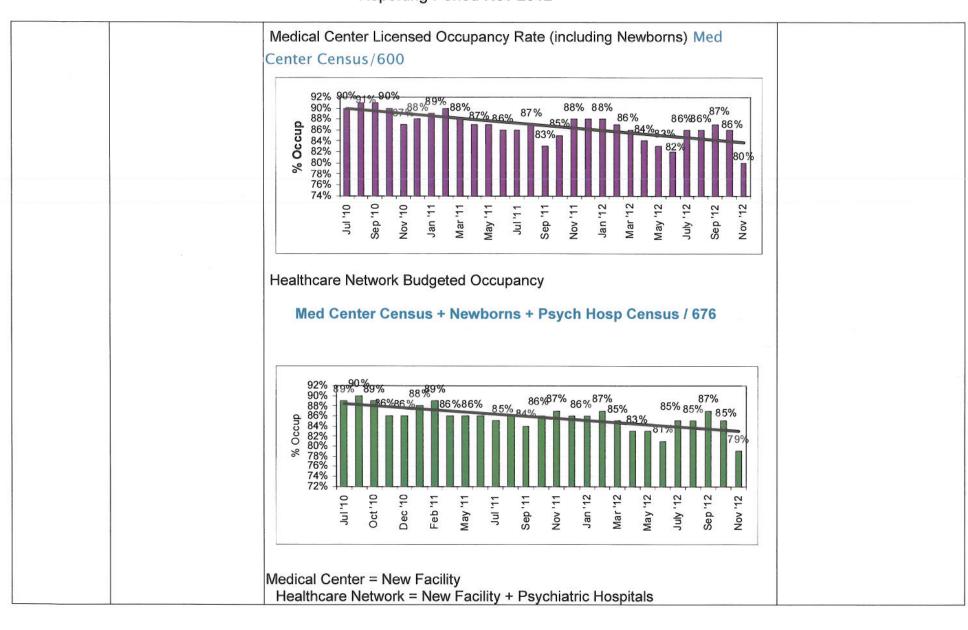
Target: 95%

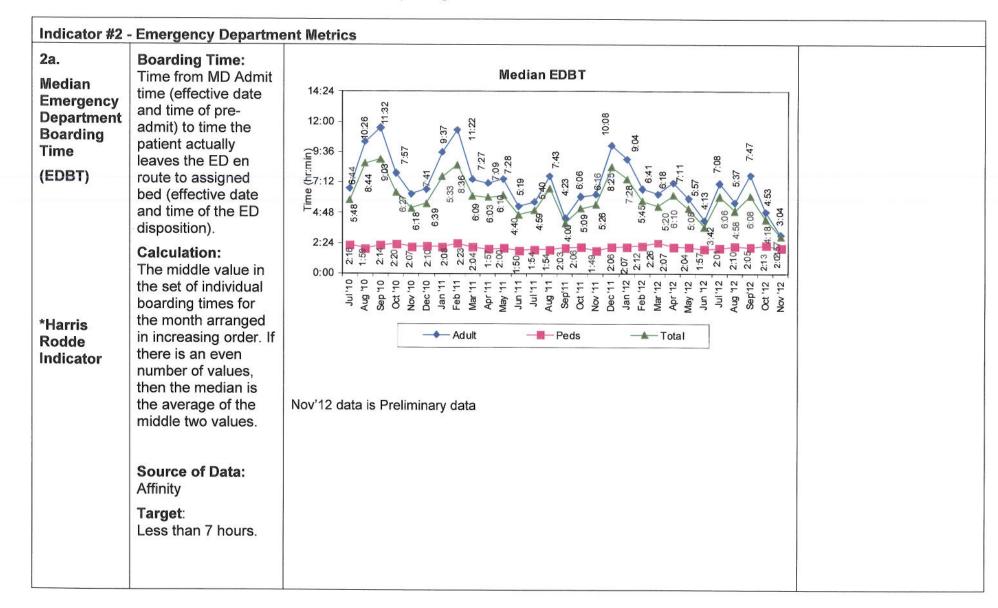
Medical Center Licensed Occupancy Rate (excluding Newborns) =

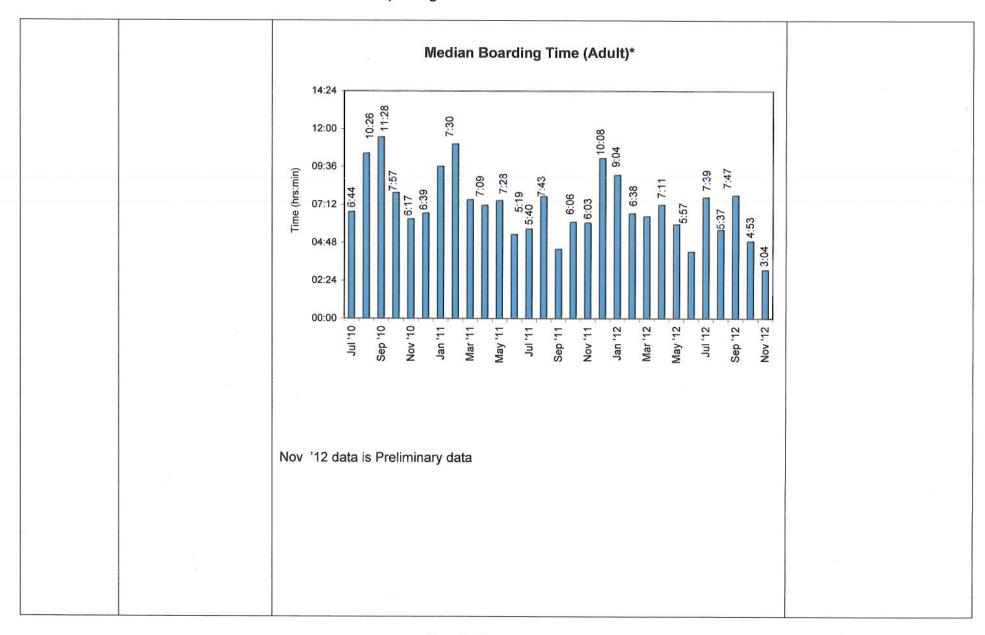
Med Center Census - Newborns / 600



For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.







Indicator #2 - Emergency Department Metrics

2b. ED Wait Time

ED Wait Time: Measured from time

patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.

Definition:

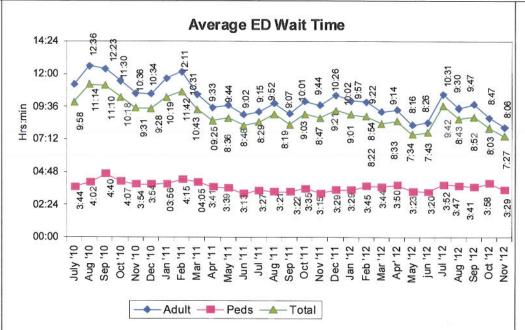
Sum of all wait time values during the monthly reporting period divided by the total number of values.

Source of Data:

Affinity

Target:

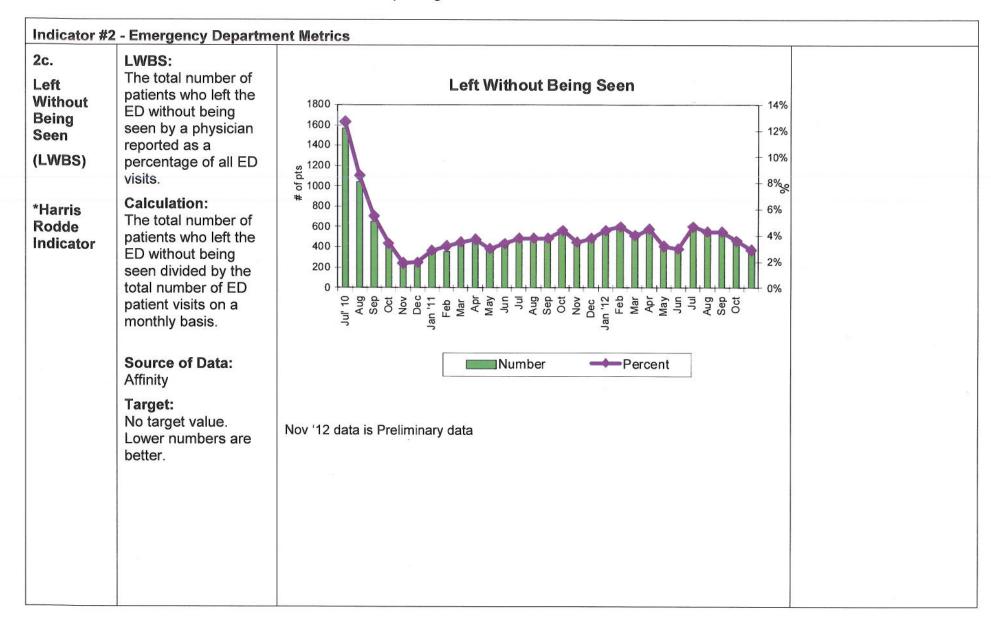
No target value. Lower numbers are better.



Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail patients

Total ED Wait time: *Excludes Psych, Observation Unit, and Jail

Nov'12 data is Preliminary data





2d. ED Diversion

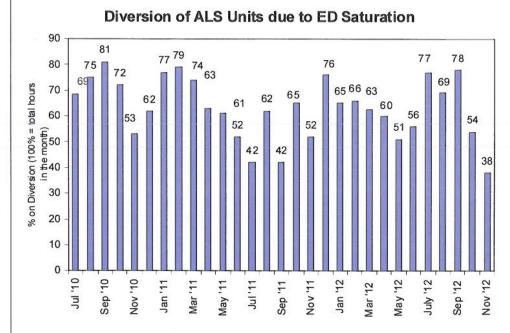
ED Diversion:

A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis.

Calculation:

The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month.

Source of Data: ReddiNet

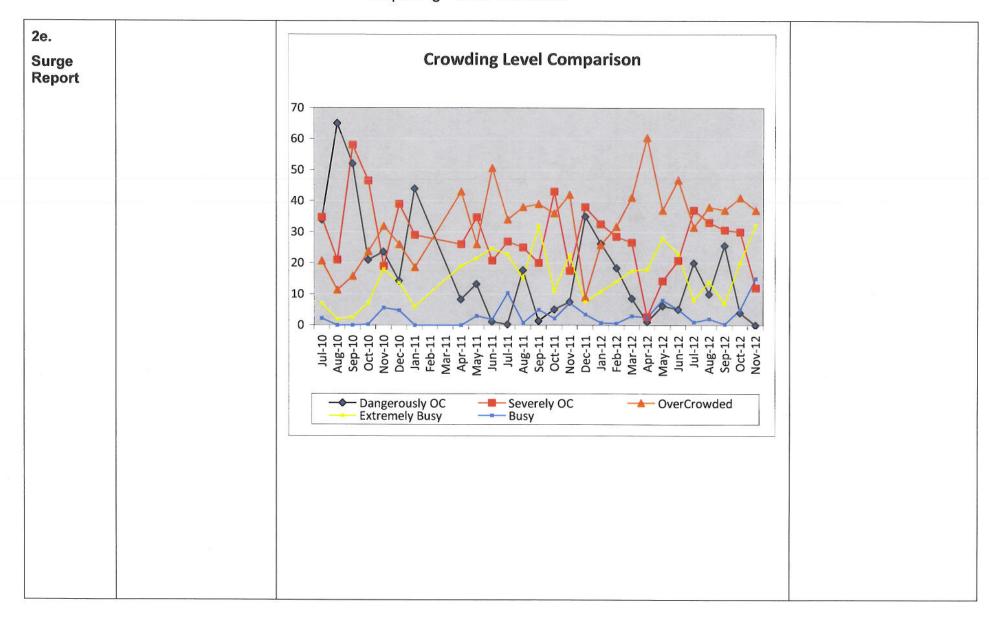


This is slightly lower than the before move diversion history which generally ranged between 50-60%.

Key points:

-- Diversion is for

- paramedic runs only; Basic Life Support ambulances still arrive. -- When diversion is requested but all hospitals in the area are on
- diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".



LAC+USC Medical Center

Operational Monitoring Report Reporting Period Nov 2012

Indicator #3 – Trends for Patient Diversions and	Transfers & #4	 Transfers to Rancho 	Los Amigos Metrics
--	----------------	---	--------------------

3. & 4. Rancho Los Amigos Hospital (RLAH) Transfers

Transfers:
The volume of
patients transferred to
RLAH for acute
hospitalization from
the Emergency
Department and from
Inpatient Units.

Data Source: Manual record keeping.

Cancelled category includes patients whose condition changed leading to higher level of care or discharge home.

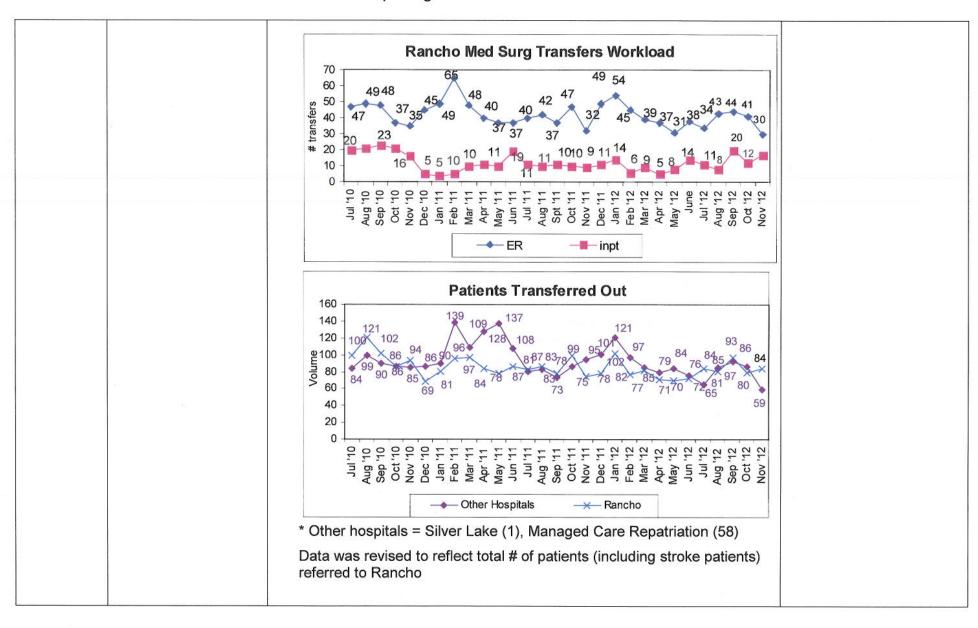
Month of No '12

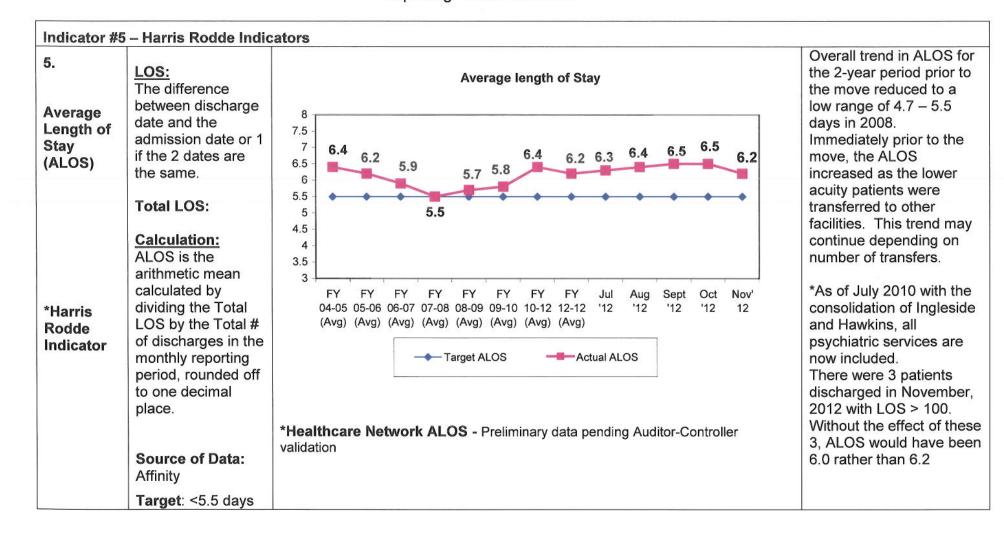
Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	31	NA	-
# Referred to RLAH	30	33	63
# Transfers	30	33	63
# Denied	0	NA	-
# Cancelled	1 *	NA	-
# Patients refused*		NA	1-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	20	NA	-
# Referred to RLAH	17	4	21
# Transfers	17	4	21
# Denied	0	NA	-
# Cancelled	3*	NA	
# Patients refused*	0	NA	
Other /Pending	0	NA	-





Indicator #6 – Pe	diatric Metrics	/4					
6. Pediatric Bed	Census: The total number	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	
Census and	admitted pediatric	Jul -10	60%	68%	80%	85%	
Occupancy (%)	inpatients at 12:00 AM midnight of a	Aug -10	62%	68%	60%	85%	
	designated pediatric	Sep -10	72.5%	60%	60%	80%	
Pediatric ICU	ward.	Nov-10	67.5%	48%	50%	70%	
(PICU)	Occupancy:	Dec -10	62%	60%	50%	65%	
Neonatal ICU	The total number of	Feb -11	57%	68%	80%	80%	
(NICU)	admitted pediatric	Apr-11	55%	64%	50%	75%	
52.9	inpatients divided by	May -11	57%	56%	50%	80%	
Pediatric Unit	the total number of	Jul -11	58%	44%	50%	70%	
Adolescent	licensed beds on that unit and reported as	Aug- 11	58%	44%	40%	75%	
Unit	percentage.	Sep -11	58%	40%	50%	75%	
		Nov-11	62%	60%	70%	75%	
	Source of Data:	Dec-11	65%	40%	60%	70%	
	Affinity	Jan -12	60%	52%	60%	75%	
		Feb-12	55%	56%	60%	70%	
		Mar-12	55%	64%	50%	75%	
		Apr- 12	53%	48%	50%	65%	
		May -12	42%	40%	50%	70%	
		Jun-12	37.5%	44%	50%	60%	
		Jul -12	45%	48%	60%	80%	
		Aug -12	57%	48%	50%	75%	
		Sep -12	62.5%	56%	50%	80%	
		Oct -12	57.5%	64%	60%	70%	
		Nov - 12	62.5%	44%	50%	45%	

7 .	Census:	Date	Med Surg	Jail	ICUs	Burn*	OB/GYN
Med Surg / ICU Bed Census	The total number admitted pediatric	Date	(309 beds)	(24 Beds)	(120 Beds)	(20 Beds)	(32 beds)
and Occupancy (%)	inpatients at 12:00 AM midnight of a	Nov - 12	87%	83%	83.5 %	51%	87%
Medical	designated pediatric ward.	* D	D 4 173	1101	(10)		
Surgical Unit	Occupancy:	* Burn=	Both ward ((0) and ICU	s (10)		
(Med Surg)	The total number of admitted inpatients divided by the total						
Jail Unit (Jail)	number of licensed beds on that unit and						
ICUs (Excluding Burn ICUs)	reported as percentage.						
	Source of Data:						